

FORM IEMA.FLM-001M SUPPLEMENT A.1

Documentation of Training and Experience Required by 32 Ill. Adm. Code **335.9010** or 9160, Subpart J, for

Radiation Safety Officer

(Attach additional pages if more than one preceptor is needed)

PART I

PROPOSED INDIVIDUALS/USES

PROPOSED RADIATION SAFETY OFFICER (RSO): _____

PENDING RADIOACTIVE MATERIAL LICENSE NO.: _____

INDICATE DESIRED AUTHORIZATION(S)
BY CHECKING ALL THAT APPLY:

32 ILL ADM. CODE TRAINING REFERENCES

- | | |
|--|------------------------|
| <input type="checkbox"/> Uptake, Dilution, Excretion studies | §335.9030 |
| <input type="checkbox"/> Imaging and Localization studies no written directive | §335.9040 |
| <input type="checkbox"/> Mo-99/Rb-82 generators | §335.9040 |
| <input type="checkbox"/> Unsealed radioactive gases and aerosols for imaging localization | §335.9040 |
| <input type="checkbox"/> Imaging and Localization written directive required {I-131 use > 30 µCi (1.11 MBq)} | §335.9050 |
| <input type="checkbox"/> Unsealed radioactive materials written directive required (therapy) | §335.9050 |
| <input type="checkbox"/> Oral I-131 ≤ 33 mCi (1.22 GBq) written directive required | §335.9060 |
| <input type="checkbox"/> Oral I-131 > 33 mCi (1.22 GBq) written directive required | §335.9070 |
| <input type="checkbox"/> Parenteral unsealed uses written directive required | §335.9080 |
| <input type="checkbox"/> Y-90 Microspheres written directive required (see agency guidance) | §335.9050 or §335.9100 |
| <input type="checkbox"/> Brachytherapy (other than HDR or IVB) | §335.9100 |
| <input type="checkbox"/> I-125 Gliasite written directive required (see agency guidance) | §335.9100 |
| <input type="checkbox"/> Ophthalmic Use of Sr-90 written directive required | §335.9120 |
| <input type="checkbox"/> Sealed Sources for Diagnosis | §335.9130 |
| <input type="checkbox"/> High Dose Rate Afterloader written directive required | §335.9140 |
| <input type="checkbox"/> Intravascular Brachytherapy written directive required | §335.9140 |
| <input type="checkbox"/> Gamma Stereotactic written directive required | §335.9140 |
| <input type="checkbox"/> Other Emerging Technologies (specify) _____ | §335.2140 |
| (May require additional training) | |

PART II(A)

PREVIOUSLY LICENSED METHOD*

The proposed individual is/has been named as an RSO on a Radioactive Material License for the same uses. Use the other parts of this form if the individual is not approved for all desired authorizations on the attached license.

The proposed RSO is authorized on:

Medical Institution: _____

Address _____

RSO's Name _____ Phone _____ Email _____

Institution's Radioactive Material License No. _____ Amendment No. _____ Permit No. (broad scope) _____

(Submit a copy of the radioactive material license (and broad scope permit as needed))

For previously licensed authorized users and authorized medical physicists, seeking to be named as RSO for the first time, for those that have not been licensed within the last 7 years or for currently licensed RSOs seeking additional authorizations, proceed to Part II(C) to document classroom and work experience.

***** **OR** *****

PART II(B)

BOARD CERTIFICATION METHOD[†]

Specify board certification(s). Evidence (i.e., photocopy) of each certification MUST be submitted with this form. Attestation by a preceptor authorized user is now required for board certified candidates as well. If the individual is not fully certified OR if the certification does not satisfy Subpart J requirements, then other parts of this form MUST be used. Check NRC's website at <http://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html> to ensure boards are approved and certificates contain specified language.

Board _____ Specialty _____ Year _____

Board _____ Specialty _____ Year _____

I hereby attest that, under my supervision, _____ has satisfied the training requirements specified in 32 Ill. Adm. Code 335.9010(a) for the use(s) of radioactive material specified above, and has achieved a level of radiation safety knowledge sufficient to function independently as a radiation safety officer for the specified medical use(s). The supervised training and experience were acquired at:

Medical Institution _____

Address _____

Supervising RSO's Name _____ Phone _____ Email _____

Institution's Radioactive Material License No. _____ Amendment No. _____ Permit No. (broad scope) _____

(Submit a copy of the radioactive material license (and broad scope permit as needed))

Supervising RSO's Signature and Date: _____

***** OR *****

PART II(C)

STRUCTURED TRAINING AND EXPERIENCE METHOD[†]

I hereby attest that, under my supervision, _____ has satisfied the training requirements specified in 32 Ill. Adm. Code 335.9010(b) for the use(s) of radioactive material specified above, and has achieved a level of radiation safety knowledge sufficient to function independently as a radiation safety officer for the specified medical use(s). The supervised training and experience were acquired at:

Medical Institution _____

Address: _____

Supervising RSO's Name _____ Phone _____ Email _____

Institution's Radioactive Material License No. _____ Amendment No. _____ Permit No. (broad scope) _____

(Submit a copy of the radioactive material license (and broad scope permit as needed))

Classroom/Lab Training (200 hours): Hours _____ Dates _____

Work/Experience (1 year): Hours _____ Dates _____

Specific Use/Device Training (as needed): Hours _____ Dates _____ Type of Use/ Device _____

Trainer (i.e., vendor or AU) _____ (Attach vendor certificate as necessary.)

Supervising RSO's Signature and Date: _____

PART III

REQUESTING LICENSEE'S CERTIFICATION[±]

As a member of management or as the radiation safety officer, I am authorized to act on behalf of the licensee. I have completed the appropriate section of this form and certify that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge. I hereby request the above changes to our Illinois Radioactive Material License.

Name: _____

Title: _____

Signature: _____

Date: _____

- * Previously licensed means that individual was on an Illinois, U.S. NRC or other Agreement State license within the last seven years.
- † Attestations must be signed by the individual **directly** supervising the training. Residency Directors or Department Heads cannot sign the preceptor statement unless they are the supervising preceptor.
- ± If the certifying individual is not known to the Agency, a due diligence request on the individuals background may be required.